

Steve Sisolak  
Governor



Suzanne Bierman, JD, MPH  
Administrator  
Division of Health Care Financing and  
Policy

# Presentation of Proposed Policy Updates to MSM 200 and 600

Sheila Heflin-Conour, Social Services Program  
Specialist III, Hospital Services



# Purpose/Justification

- Policy updates are needed to the MSM 200, Section 203(D), Newborns and Neonatal Intensive Care Unit (NICU) to remove the utilization of InterQual and MCG medical care guidelines. DHCFP utilizes the Optum 360 Uniform Billing (UB) Editor and is reverting to this practice.
- Policy updates are needed to the MSM 200, Attachment A, Policy #02-01, Birth Centers and MSM 600 – Physician Services to align with the passing of Assembly Bill 287 from the 81<sup>st</sup> Nevada Legislative Session.
- In addition, the removal of Memorandum of Understanding (MOU) requirements and two accreditation options in MSM 200, as these are licensing requirements and not enrollment requirements.



# History

- With a previous policy update effective 2/1/2020 to MSM Chapter 200 – Hospital Services, Section 203(D), Newborns and Neonatal Intensive Care Unit (NICU) a crosswalk and the utilization of InterQual and MCG medical care guidelines were added to policy.
- With the passing of Assembly Bill 287, there is a need to update Nevada Medicaid’s MSM policy language from “birth centers” and “obstetric centers” to “freestanding birthing centers”.



# Additional NICU History

- During the 2019 Legislative Session a 25% rate increase was approved and then implemented January 1, 2020.
  - The Level General and Level 1 rates, that were \$327 per day, provided reimbursement for a basic level of care for newborns in the nursery and were not recommended to increase.
  - The Level 2 rate, that provided reimbursement for low-birth-weight newborns who were not ill but required more frequent feedings or additional nursing services, was recommended to increase from \$327 per day to \$408 per day.
  - The Level 3 rate, that provided reimbursement for ill newborns who required an intermediate level of care equating to 6 to 12 hours of nursing services per day, was recommended to increase from \$1,487 per day to \$1,858 per day.
  - The Level 4 rate, that provided reimbursement for severely ill newborns in the Neonatal Intensive Care Unit (NICU) who required constant nursing services along with other supportive services, was recommended to increase from \$1,487 per day to \$1,858 per day.



# Comparison to other States

- Medical Care Guides
  - Louisiana uses MCG [Search Medical Policies and Clinical Guidelines \(healthybluella.com\)](https://www.healthybluella.com)
  - Washington State uses InterQual [Inpatient Hospital Services Billing Guide \(wa.gov\)](https://www.wa.gov)
  - Oregon uses Uniform Billing (UB) Editor [TCHP - 2019 Provider Billing Guide - Oregon Health Plan \(OHP\) \(trilliumohp.com\)](https://www.trilliumohp.com)
- Assembly Bill 287
  - No research on other states was necessary, as we are updating language as a result of the passage of Assembly Bill 287.



# Impacted Policy Sections

- MSM 200 – Hospital Services Sections
  - MSM 200, Introduction
  - MSM 201, Authority
  - MSM 203, Inpatient Hospital Services Policy
    - MSM 203(D), Newborns and Neonatal Intensive Care Unit (NICU)
  - MSM Attachment A, Policy #02-01, Birth Centers
- MSM 600 – Physician Services Sections
  - MSM 603.4, Maternity Care
  - MSM 603.4A, Stages of Maternity Care
- These policy updates will be effective 1/1/2022.



# Effect of Change

- Medical Care Guidelines
  - The removal of the utilization of InterQual and MCG will allow for consistency in the level of care.
  - This may result in a cost savings due to the utilization of one medical care guideline by ensuring consistency in defining the level of care.
- Assembly Bill 287
  - The language within MSM 200 and MSM 600 will align with the language in Assembly Bill 287.
  - The removal of the MOU and two accreditation options has no financial effect/impact to enrolled Medicaid providers and/or Nevada Medicaid.



# Questions/Comments







# Contact Information

Sheila Heflin-Conour

Social Services Specialist III, Hospital Services

[shconour@dhcp.nv.gov](mailto:shconour@dhcp.nv.gov)

Lori Cook

Social Services Specialist II, Freestanding Birthing Centers

[Loretta.cook@dhcp.nv.gov](mailto:Loretta.cook@dhcp.nv.gov)

Katie Day

Social Services Specialist III, Physician Services

[Kaelyne.day@dhcp.nv.gov](mailto:Kaelyne.day@dhcp.nv.gov)